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**ICaRE Summer Science Program 2025**

**Application Form**

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| --- | --- |
| **Student Name** |  |
| **Date of Birth** |  |
| **Home Address** |  |
| **City, State ZIP** |  |
| **Email** |  |
| **School**  |  |
| **Class (as of January 2025)** |  |
| **Home Phone** |  |
| **Emergency Contact Name** |  |
| **Emergency Contact Phone** |  |
| **Emergency Contact Email** |  |
| **Known medical conditions or symptoms** |  |

**Attachments** (Check list):

|  |  |
| --- | --- |
| Personal essay |  |
| Current Transcript |  |
| Resume |  |
| Name of science teacher writing reference letter (signed letter should be sent to icare@oldwestbury.edu from the teacher) |  |
| Emergency Contact Form |  |
| Photo Release Form |  |
| Responsible Conduct Form |  |

**Please check the sessions you would like to participate in.**

**Session 1 (8/4 – 8/8):**  **\_\_\_\_\_\_**

**Session 2 (8/11 – 8/15):**  **\_\_\_\_\_\_**

**Two-week applications are prioritized over one-week if the program is full.**

NOTES:

* **ICaRE program is run by SUNY Old Westbury faculty.**
* Due to dietary restrictions, allergies, and other concerns, lunch will **NOT** be provided. Students must bring their own lunch.

**ICaRE**

**2025 Summer Science Program**

**PHOTO RELEASE FORM**

The **Institute for Cancer Research** at SUNY-Old Westbury has my permission to use my child’s photograph publicly to promote the *Summer Camp*. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me, at any time, because of such use.

Parent/Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ICaRE**

**2025 Summer Science Program**

**RESPONSIBLE CONDUCT / BEHAVIOR CONTRACT**



All students attending the ICaRE Summer Science Program are required to behave in an appropriate manner and that all rules are enforced for all activities supported by the ICaRE Summer Science Program. Activities include but are not limited to: bench research work, lunch activities, presentations, etc. All students and parents should be aware of the following specifics regarding camp activities:

1. **Students must always dress according to laboratory safety codes**. Students that are not compliant with these standards will not be allowed to enter research laboratories. Students must always wear close-toe shoes, and appropriate safety apparel as directed.

**Student’s Initials: \_\_\_\_\_\_\_\_\_\_Parent’s Initials: \_\_\_\_\_\_\_\_\_\_**

2. **No profanity/vulgarity**. Students are expected to use appropriate language and refrain from gestures that are obscene or vulgar while at camp or during camp events and activities.

**Student’s Initials: \_\_\_\_\_\_\_\_\_\_Parent’s Initials: \_\_\_\_\_\_\_\_\_\_**

3. **All students must be respectful**. Any student whose behavior adversely affects the experience of another camper (i.e. shouting, heckling, use of racial or another inappropriate epithets and slurs, rude etiquette, etc.), mentors, or damage property will face consequences, which may include suspension and/or exclusion from any camp related activities.

**Student’s Initials: \_\_\_\_\_\_\_\_\_\_Parent’s Initials: \_\_\_\_\_\_\_\_\_\_**

If you have any question, please e-mail ICaRE Director Dr. Youngjoo Kim kimy@oldwestbury.edu

**PLEASE READ CAREFULLY AND SIGN**

“*I have read and understand the above rules and regulations pertaining to behavior at summer camp. I acknowledge by signing this contract that I take full responsibility for my actions. If the contract is broken, I will accept the consequences of my actions*.”

Student name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Camper’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

“*I understand these rules and agree to support my child as she/he follows the above behavioral commitment. In addition, I agree to the above rules and support the ICaRE summer camp policy*.”

Parent/Guardian’s name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

ICaRE director’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

**ICaRE**

**2025 Summer Science Program**

**EMERGENCY CONTACT INFORMATION FORM**

Student name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSON TO BE CALLED IN CASE OF EMERGENCY**

**(OTHER THAN PARENT/GUARDIAN)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation with the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_